ASCOT VALE PRIMARY SCHOOL
ANAPHYLAXIS MANAGEMENT POLICY & GUIDELINES.

DRAFT MARCH 2017
School Council Approved – XXX 2017

SCHOOL STATEMENT

Ascot Vale Primary School (AVPS) will fully comply with Ministerial Order 706 *Anaphylaxis management in Victorian schools* (MO706) and the associated Guidelines published and amended by the Department from time to time. A copy of the order and guidelines can be found online at http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf and http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
In the event of an Anaphylactic Reaction, our first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

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PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
- To raise community awareness about allergies and anaphylaxis and our Anaphylaxis Management Policy.
- To engage with parents/caregivers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's Anaphylaxis Management Policy and can respond appropriately to an anaphylactic reaction.
- To comply with Ministerial order 706 *Anaphylaxis management in Victorian schools* and associated guidelines, as published and amended by the Department.

Further information can be found in the Department of Education and Training's *Anaphylaxis guidelines: a resource for managing severe allergies in schools* (see Web References on page 10 of this doc).

DEFINITION OF ANAPHYLAXIS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts, cow's milk, dairy products, fish and shellfish, wheat, soy, sesame, latex, insect stings and medication.

Signs of mild to moderate allergic reaction include:

- Swelling of the lips, face and eyes
- Hives or welts
- Tingly mouth
- Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

Signs of anaphylaxis (severe allergic reaction) include any **one** of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or a hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Adrenaline given through an autoinjector to the muscle of the outer mid-thigh is the first aid treatment for Anaphylaxis. Examples of adrenaline autoinjectors include EpiPen® or EpiPen® Jr, which contain a dose appropriate to different body weights.

RISK MINIMISATION STRATEGIES

The key to prevention of Anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to those triggers. Partnerships between schools and parents are important in ensuring that the allergenic foods or items are kept away from the student while at school.

Minimisation of the risk of anaphylaxis is everyone's responsibility, including the Principal, all school staff, parents, students and the broader school community. In line with Department of Education and Training guidelines, AVPS does not place a blanket ban on nuts or other potentially allergenic foods or items as this can create complacency within the school community and we cannot eliminate the presence of all allergens. A list of recommended strategies can be found within the DET guideline's Appendix F - Page: 67 http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf

Students' "Individual Anaphylaxis Management Plan at Ascot Vale Primary School" outline each individual student's risk management and prevention strategies. Refer to page 62, Appendix F of the DET Guidelines http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf

Staff who conduct classes attended by students at risk of anaphylaxis must be aware of student individual management plans, which may include actions such as:

- avoiding the use of food treats in class as they may contain hidden allergens
- avoiding students sharing food bought from home
- awareness of possible allergens, for example when cooking
- ensuring that tables and surfaces are wiped down regularly and that students wash their hands regularly after handling food
- raising student awareness about severe allergies and the importance of their own role in fostering a school environment that is safe and supportive for everyone.

In some circumstances, school volunteers engaged in school activities also have a duty of care to students, for example where volunteers have a direct supervision role with a student at risk of anaphylaxis, and where there are no school teachers present.

A comprehensive list of risk minimisation strategies undertaken by the school can be found at Appendix A.

SCHOOL PLANNING

ASCIA (Australasian Society of Clinical Immunology and Allergy) ACTION PLAN FOR ANAPHYLAXIS

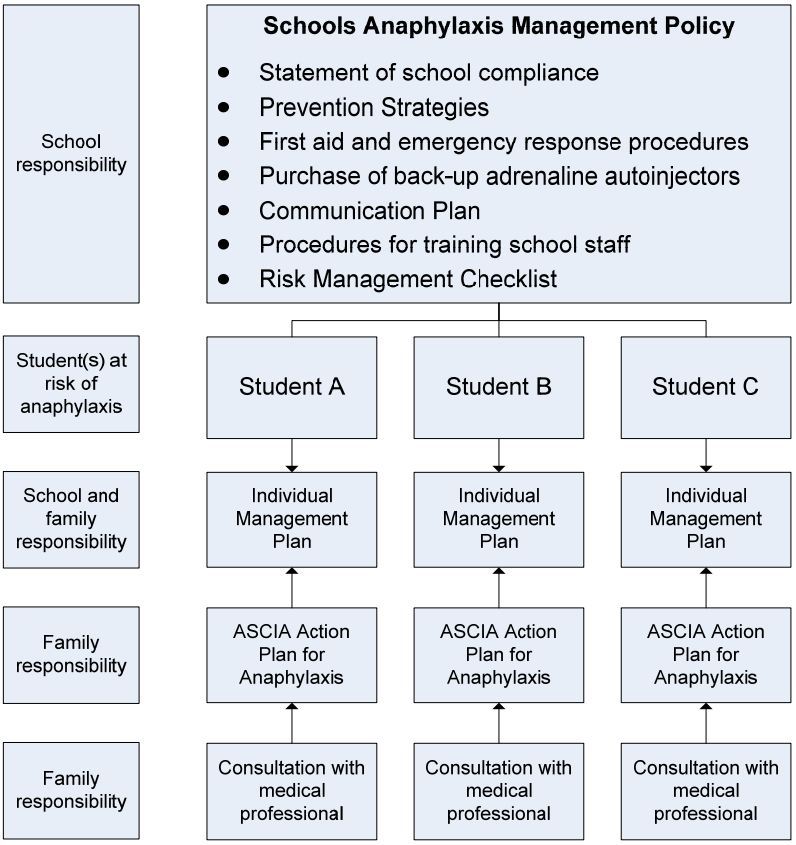
Parents of students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis must provide a ASCIA Action Plan for Anaphylaxis. This document is completed by the parents / guardians in consultation with the student's medical practitioner.
A copy of this form is attached to this policy or available to download from: www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS at ASCOT VALE PRIMARY SCHOOL

The principal and the Senior Staff member responsible for Student Welfare will ensure that an Individual Anaphylaxis Management Plan at AVPS is developed, in consultation with the student's parents and/or caregivers, for any student who has been diagnosed by a medical practitioner as being at risk of Anaphylaxis. An example of a completed form is attached to this policy and a blank template is available to download from:
http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxismanagementplan.docx

Note that an Individual Anaphylaxis Management Plan takes into account an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis, it does not replace it.

The interaction between the School's Anaphylaxis Management Policy and each student's Individual Anaphylaxis Management Plan is diagrammatically represented in the picture below, including the responsibilities of the School and the student's family.



An Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols and where possible before their first day of school. These will be reviewed annually at a minimum.

The Individual Anaphylaxis Management Plan will include the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner).
- Strategies to minimise risk of exposure to allergens while the student is under care or supervision of school staff, either in school or out of school settings, including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information about where all medication is stored.

- The student's emergency contact details.
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/ caregivers:

- annually
- if the student's condition changes
- as soon as practicable after a student has had an Anaphylactic reaction at school
- if there is an identified and significant increase in the student's potential risk of exposure to allergens at school
- when a student is to participate in an offsite activity such as camps and excursions.

It is the responsibility of the parents/caregivers to:

- Communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, in writing and preferably on enrolment.
- Obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable.
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis.
- Provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed.
- Provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child and ensure that all medication is replaced before expiry. These will be housed in the first aid room.
- Participate in annual reviews of their child's Individual Management Plan.

Parents are also requested to:

- Provide a signed agreement that gives the school permission to post the action plan, including photos, in appropriate places around the school, for example casual relief teacher (CRT) folders, DropBox (online – password protected for regular staff only), first aid room & staffroom.
- Assist school staff in planning and preparing for the student attending camp and any excursions, special days and celebrations, including class parties.
- Make adrenaline autoinjectors, ASCIA Action Plans and Individual Anaphylaxis Management Plans available to Out of School Hours Care (OSHC) staff as required by Camp Australia policy.

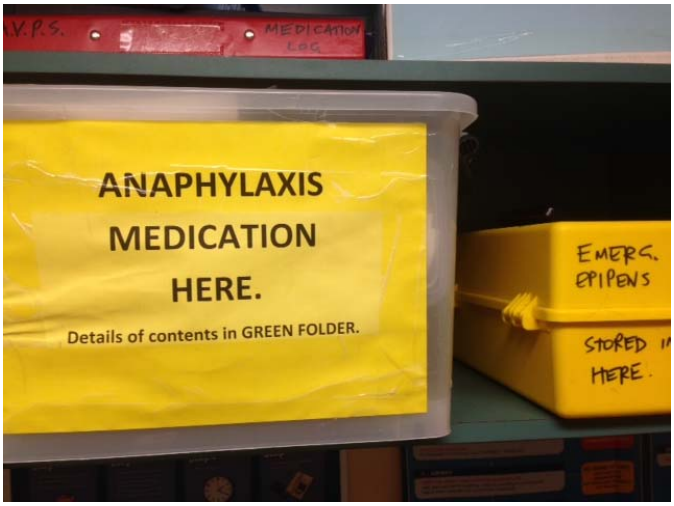
LOCATION OF INFORMATION AND EQUIPMENT

All Individual Anaphylaxis Management Plans and a register of all students with anaphylaxis are stored in the First Aid room in a folder marked Anaphylaxis Management inside the Anapahylaxis Medication Tub. A copy of the Individual Action plans are kept with the student's medication inside this tub.

Additional copies of the Action Plans can be found:

- In the CRT folder
- Displayed in the first aid room and Staff room

Additional copies of the Management Plans are housed on Dropbox for staff access. All student anaphylaxis medication will be stored in a plastic container, clearly labelled in the first aid room. AVPS has purchased two Epipen auto injectors , n case of emergency.



Parents may wish to provide an additional adrenaline autoinjector to be near the student's classroom, in consultation with the classroom teacher. The school will place a copy of the ASCIA Action Plan for Anaphylaxis with any additional autoinjector.

The training autoinjector is not stored with any functional autoinjectors to reduce risk of confusion.

Spare adrenaline autoinjectors

AVPS has purchased adrenaline autoinjectors for general use as a back-up to those supplied by parents. The back-up autoinjectors are stored on the same open shelf in the First Aid room where students' autoinjectors are stored.. A spare autoinjector will be taken with First Aid equipment for special events within the school grounds and events outside of the school such as excursions, camps and other events conducted, organised or attended by the school. Teacher's in charge of camps, excursions and activities will be responsible to ensure medication is available to take. The expiry date on the spare autoinjectors will be monitored by the school's First Aid Officer and/or Assistant Principal and will be replaced by the school when either used or has expired.

OUTSIDE SCHOOL HOURS CARE

Outside school hours care (OSHC) providers are required to have their own anaphylaxis management policy. OSHC at AVPS is provided by Camp Australia. Please see Camp Australia for a copy of their management policy.

It is recommended that parents provide an additional adrenaline autoinjector to the OSHC. If an autoinjector is not provided, OSHC are to collect an adrenaline autoinjector from the school's First Aid cupboard. This is not recommended. Parents must inform OSHC if this is going to be the case. Parents also need to provide an up-to-date copy of both the ASCIA Action Plan and Individual Anaphylaxis Management Plan to OSHC.

EMERGENCY RESPONSE

In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis (described below) and general first aid procedures must all be followed.

- A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis: 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.
- The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis.
- Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline autoinjector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis.
- It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

If an adrenaline autoinjector is administered, the school must:

1.	**Immediately call an ambulance (000).**
2.	Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.

4.	In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).
5.	**Then** contact the student's emergency contacts.
6.	Later, contact Security Services Unit, Department of Education and Training to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

First-time reactions

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures. This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use (back-up) adrenaline autoinjector)

Followed by calling the ambulance (000).

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

POST-INCIDENT SUPPORT

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling or school psychologist. Please see a member of the Principal team to arrange.

REVIEW

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

1. The adrenaline autoinjector must be replaced by the Parent as soon as possible.
2. In the meantime, the Principal (or nominee) should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided.
3. If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal (or nominee) should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

COMMUNICATION AND TRAINING

Information about anaphylaxis and this management policy will be provided to all school staff, students and parents. A copy of this policy will be placed on our school website.

Staff training

DET training requirements that we must follow can be found online at http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx#link81

Currently, staff have been trained via option 2 - ***Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC).*** This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years. We were trained in late 2016.

AVPS will nominate two staff members as School Anaphylaxis Supervisors who will take on a coordination role with regard to anaphylaxis as well as undertake face-to-face training enabling them to assess their colleagues' ability to use an auto-injector (to be renewed every 3 years). If you'd like to know who is currently trained, please see a member of the Principal Team. This could change year to year.

When a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal will ensure that there are a sufficient number of school staff present who have been trained in accordance with the Ministerial Order.

Twice-yearly anaphylaxis briefings

All staff will attend two briefings per year, run by the School Anaphylaxis Supervisor/s (utilising the department's provided presentation). The briefing presentation incorporates information on how to administer an adrenaline autoinjector and it is expected all staff will practice with the autoinjector training devices. As part of the briefing, school staff will familiarise themselves with the students in the school who are at risk of anaphylactic reaction and their Individual Management Plans.

Casual Relief Teachers (CRTs) of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction. All CRTs are given a class booklet upon arriving at school which is clearly labelled 'Student with Allergies in this class – please read before starting the day.' A photo and a brief description, including allergens, is included.

In the event that a community member has an Anaphylactic Reaction, staff will implement Ascot Vale Primary School's emergency response procedures, and the student's ASCIA Individual Anaphylaxis Management Plan.

Communication to students

Students will be educated about the risks and prevention strategies for anaphylaxis. Student messages will include:

1. Always take food allergies seriously – severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.

5. If a school friend becomes sick, get help immediately even if the friend does not want you to.
6. Be respectful of a school friend's adrenaline autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. This is not acceptable behaviour and should not be tolerated. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

Communication to parents and school community

Schools should be aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place at school. Aside from implementing practical risk minimisation strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community. Communication to the school community will occur through newsletters at least twice yearly to provide information about the school anaphylaxis policy, to remind parents / caregivers to update the school if there are any changes in medical circumstances and risks prevention strategies. Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.
Parent information sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal and/or their nominee will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.
http://www.education.vic.gov.au/Documents/school/teachers/health/AnnualAnaphylaxisRiskManagementChecklist.doc

AVPS will regularly remind parents and students to advise the School of any change in their circumstances, including any changes in the diagnosis and treatment of medical conditions. This will be done at least twice yearly via newsletters or other regular communications to the school community.

REVIEW OF POLICY:
This policy will be reviewed in 3 years, 2020, or as required.

WEB REFERENCES

- Department of Education and Training *Anaphylaxis Management in Schools*: http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
- Royal Children's Hospital Anaphylaxis Support Advisory Line http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/
- Anaphylaxis Resources http://www.allergy.org.au/health-professionals/anaphylaxis-resources
- Anaphylaxis Australia http://www.allergyfacts.org.au/
- Allergy library http://www.allergyfacts.org.au/allergyinfo.html

Appendix A: Anaphylaxis risk minimisation strategies

Cut and paste from Guidelines, Appendix F

In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf

10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens	
	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: • 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx • Helpful resources for food services available at: www.allergyfacts.org.au
	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrols.
	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).

	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.

2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

It is recommended that schools determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

Travel to and from school by school bus	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.

2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9.	If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings	
	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.**
	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
	Use of substances containing known allergens should be avoided altogether where possible.
	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

	Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone **must** be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
	The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
	Cooking and art and craft games should not involve the use of known allergens.

	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Appendix B: Individual Anaphylaxis Managment Plan (example only)

Individual Anaphylaxis Management Plan at Ascot Vale Primary School

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent. It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.			
School	Ascot Vale Primary School	**Phone**	
Student			
DOB		**Year level**	
Severely allergic to:			
Other health conditions			
Medication at school and where stored			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	

Medical practitioner contact	**Name**	
	Phone	
Emergency care to be provided at school	Action taken as per student's ASCIA Action Plan: administer EpiPen	
Storage for Adrenaline Autoinjector (device specific)	Student's EpiPen to be stored in First Aid Room along with school back-up EpiPens	

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area: Classroom

Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Exposure to allergens	Supervise students eating	Teacher	Ongoing
	Inform class through note sent home asking students not to bring nuts or nut products and hard boiled eggs	Assistant Principal	As soon as is practical
	Allergy friendly sign to be erected on classroom door	Assistant Principal/class teacher	As soon as is practical
	Teacher speaks to class about anaphylaxis/dangers of food	Classroom teacher	As soon as is practical
	Information about student given to Casual Relief Teachers	Assistant	When appropriate
	Information about student to be given to teacher on a medical conditions list to be placed in the roll and Anaphylaxis Alert Poster with students at risk to be on display at all times	Assistant Principal/classroom teacher	As soon as is practical
	Birthdays/celebrations/special events at school – **parents to meet with teacher** to arrange a treat box of suitable snacks/alternative meals for special occasions	Teacher/Parents	As soon as is practical
	Classroom cooking activities – will not use nut based products or eggs on their own	Teacher	Ongoing
	All other classrooms/rooms in the school the will display Anaphylaxis Alert Poster with students at risk at all times	Assistant Principal	As soon as is practical

Name of environment/area: Excursions out of school

Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Exposure to allergens	Students EpiPen to be taken on excursion and located with the child at all times under the care of the supervising teacher. A back-up EpiPen will also be taken for all out of school activities	Teacher	At each excursion

	A risk assessment , where applicable, will be carried out prior to the activity by the teacher/leader responsible for the activity	Teacher/Team Leader/Activity organiser	Prior to each excursion where applicable
	Copy of students ASCIA Action Plan and Management Plan to be taken on excursion and easily accessible (copy to be taken with autoinjectors)	Teacher	At each excursion
	School's back up pen to be taken on excursion (take one)	Teacher/Excursion coordinator	At each excursion
	Eating (lunch/snacks) to be supervised) where possible avoid using food in activities or games or as rewards	Teacher	At each excursion
	Students EpiPen and copies of their ASCIA Action Plan to accompany student on bus/transport to and from venue	Teacher	At each excursion
	Consult with parents in advance to discuss alternative menu/provision of alternative meals where applicable	Teacher	Prior to excursion, where applicable
Name of environment/area: Special Lunch Days			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Exposure to allergens	Organiser informed of student's condition	Parent requesting food	As required
	Minimise purchase of nut based products	Special Lunch Day organiser	Ongoing
	Special lunch orders labelled: Allergy – no substitutions	Parent	Ongoing
Name of environment/area: School Camps			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Exposure to allergens	EpiPen and copy of Management Plan and ASCIA Actions Plans to be taken on camp, along with a school back-up EpiPen and remain close to the student at all times	Teacher/Camp coordinator	At each camp
	School back up EpiPen to be taken on camp	Teacher/Camp coordinator	At each camp
	Student identified at meals - taken at a supervised table	Teacher/Camp coordinator	At each camp
	Risk analysis completed and camp staff, including kitchen staff notified of condition and allergens	Teacher/Camp coordinator	Prior to camp
	Consult with parents to ensure appropriate risk minimisation/management has taken place	Teacher/Camp Coordinator	Prior to camp
	Teachers in charge of anaphylactic students on camp will carry a mobile phone at all times	Teacher/Camp Coordinator	At each camp
Name of environment/area: School – General including yard			

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Teachers trained in use of EpiPen twice yearly	Assistant Principal	Each semester
	Anaphylaxis Photo Alert Poster to be displayed in staffroom and first aid room, and CRT folders. A copy of the action plan for each child is also given to their classroom teacher (each unit)	Assistant Principal	Start of year, updated as applicable
	It is recommended that all teachers on yard duty carry mobile phones in case of emergency 000	Teachers	Ongoing

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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:
_____
_____

Asthma Yes ☐ No ☐

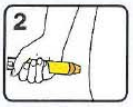
Family/emergency contact name(s):
_____
_____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

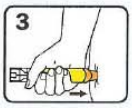
Plan prepared by:
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
  Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give EpiPen® or EpiPen® Jr**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**
5. **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

_____

_____

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

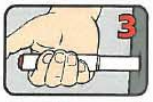
Signed: _____

Date: _____

How to give Anapen®

PULL OFF BLACK NEEDLE SHIELD.

PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).

PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
  Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give Anapen® 300 or Anapen® 150**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**
5. **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	

I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee):	
Date:	